

HENNEPIN COUNTY HUMAN SERVICES AND HUMAN SERVICES DEPARTMENT CAREGIVER MATCHING TOOL

Caregiver 1 Name: _____ DOB: _____ Provider Number: _____

Caregiver 2 Name: _____ DOB: _____

Licensing Social Worker: _____ Date Completed: _____

Age Range Preferred: _____ Licensed Capacity _____

Preferred Sex of Child: _____ Preferred Ethnicity: _____

This tool is used in conjunction with the foster care licensing/adoption home study process. Social worker and caregiver should complete this tool together. When you complete this form, please consider these strengths, problems and behaviors in terms of the age child you want. For instance, if you want teenagers, consider whether or not you could parent a teenager who has temper tantrums.

CAN YOU FOSTER THESE STRENGTHS IN A CHILD?				
	Yes, have the skills	Would consider	No, do not want to	Comments
Academically gifted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Artistic/musical/dramatic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Athletic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engaging personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good social awareness and social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional intelligence: empathic, forms strong, lasting, positive relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understands/respects personal boundaries of self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAN YOU PARENT A CHILD WITH THESE MEDICAL ISSUES?				
	Yes, have the skills	Would consider	No, do not want to	Comments
Mother had poor prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prenatal exposure to drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prenatal exposure to alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mother malnourished during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficult birth/birth problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Premature/low birth rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires frequent hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma/nebulizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexually transmitted diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires 24-hour/day monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Caregiver 1 Name: Provider Number:

Placement

Caregiver 2 Name:

Diagnosed with Fetal Alcohol Syndrome/Effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs sensory integration therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limited lifespan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requires personal care attendant/nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deaf (needs signing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs corrective lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blind (needs Braille)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Severe facial scars/body deformities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs braces to walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feeding tubes/technologically dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAN YOU PARENT A CHILD WITH THESE BEHAVIORAL ISSUES?

	Yes, have the skills	Would consider	No, do not want to	Comments
Antisocial Behaviors:				
Steals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Selfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Runs away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tantrums/rages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Jealous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Argumentative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disrespectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sets fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Harms animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Passive/resistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attention seeking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oppositional/Defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Loud, noisy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexually intrusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ungrateful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Destructive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor table manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doesn't recognize boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breaks rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-destructive Behaviors:				
Drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Caregiver 1 Name: Provider Number:

Placement

Caregiver 2 Name:

Cutting self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recklessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suicide attempts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impulsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Head banging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Problematic Behaviors:				
Moody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manipulative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-esteem issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Whiny, clinging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoards food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor eater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs constant reminders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smears feces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lack of understanding cause/effect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lack of conscience/sense of right/wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Daytime/nighttime wetting/soiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parentified/takes on caregiver role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post-traumatic stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hyperactive/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory integration dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anxieties/phobias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs chemical dependency treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needs mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was in res. treatment/psychiatric hosp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Received therapy/psychological services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAN YOU PARENT A CHILD WITH SEXUAL ISSUES?

	Yes, have the skills	Would consider	No, do not want to	Comments
Sexually abused another child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexually victimized pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child was sexually victimized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vulnerable to victimization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexually provocative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inappropriate sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bisexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual identity issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Homosexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gender identity issues (transgender)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cross dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Voyeurism (peeping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhibitionism (flashing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Explicit sexual language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has engaged in prostitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAN YOU PARENT A CHILD WITH THESE COGNITIVE ISSUES?

	Yes, have the skills	Would consider	No, do not want to	Comments
Intellectual ability: Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delays in development: Mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learning disabilities: Mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Info. processing delays: Mild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Severe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAN YOU PARENT A CHILD WITH THESE SCHOOL ISSUES?

	Yes, have the skills	Would consider	No, do not want to	Comments
In a gifted/talented program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Level IV or V special education program/self-contained classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disruptive in classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Harasses other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unpopular with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doesn't do homework/school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Truancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suspensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speech difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual/auditory processing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Language obstacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAN YOU PARENT A CHILD WHOSE BIRTH PARENTS HAD THESE ISSUES?

Birth Parents' History of:	Yes, have the skills	Would consider	No, do not want to	Comments
Adequate functioning, but unable to care for this child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delays in intellectual/cognitive development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol/drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physically violent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verbally abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resides in prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resides in care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has STD(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limited information re: parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Caregiver 1 Name: Provider Number:

Placement

Caregiver 2 Name:

Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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CAN YOU PARENT A CHILD WHO EXPERIENCED THESE HARMFUL PARENTAL BEHAVIORS?

	Yes, have the skills	Would consider	No, do not want to	Comments
Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child is the result of incest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physically neglectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotionally neglectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Educationally neglectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medically neglectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritionally neglectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed child to inappropriate sexual situations/material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ambivalent behavior (loving/rejecting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consistently emotionally unavailable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed child to domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed child to drug culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAN YOU PARENT A CHILD WITH THESE EXPERIENCES IN OUT-OF-HOME PLACEMENTS?

	Yes, have the skills	Would consider	No, do not want to	Comments
Multiple placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Previous adoption disruption(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Constant belittling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name calling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed child to inappropriate sexual situations/material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed child to domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exposed child to drug culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAN YOU PARENT A CHILD WITH THESE ATTACHMENT BEHAVIORS AND HISTORY?

	Yes, have the skills	Would consider	No, do not want to	Comments
Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Apparent lack of attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ambivalent attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Insecure attachments: clingy, possessive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indiscriminate attachments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hyper-vigilant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unable to function when attachment figure leaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Caregiver 1 Name: Provider Number:

Placement

Caregiver 2 Name:

CAN YOU PARENT A CHILD WITH THESE RELATIONSHIP ISSUES?

	Yes, have the skills	Would consider	No, do not want to	Comments
Has significant attachments from previous placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Poor relationships with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sociability problems (aloof, slow to warm to people)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAN YOU PARENT A CHILD WITH THESE PRESENT VISITATION ARRANGEMENTS?

	Yes, have the skills	Would consider	No, do not want to	Comments
Parental visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sibling visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological parent might be difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are you willing to have open communication with previous caregivers or family members of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CULTURAL/SPIRITUAL REQUIREMENTS – In order for a child to have a positive cultural identity, it is important she/he has access to and involvement with positive cultural role models in a number of venues. Are caregivers able and willing to do the following for children of these cultures? If in doubt about the category of a specific nationality, list it under the category to which you think it belongs or list it under Other. You can specify more than one ethnic group.

Check all boxes that apply to each ethnic group you are interested in parenting.

	African American	American Indian	European American	Asian American	Chicano/Latino/Hispanic	Other
Can provide adult role models (from these cultures) for children in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighborhood and school settings include	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can validate child's customs, values and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in community cultural celebrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will provide cultural extracurricular activities for personal enrichment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will provide access to culturally specific toys, videos, art, music, educational materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands and validates a child's cultural background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will provide access to museums, plays, concerts, etc,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has successfully parented children from these cultural groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can parent with help children from these cultural groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This family celebrates _____ religion/spirituality.

They ☐ can ☐ cannot parent a child who celebrates a different religion/spirituality.

Explain:

Caregiver 1 Name: Provider Number:

Placement

Caregiver 2 Name:

LANGUAGE

This family is able to communicate in languages/ways other than English: ☐ No ☐ Yes

If yes, explain:

WHICH OF THE FOLLOWING ARE YOU WILLING AND ABLE TO DO IN ORDER TO PROMOTE THE BEST-CASE SCENARIO FOR A CHILD?

Personal and Family

- ☐ Maintain a structured home environment
- ☐ Be consistent in parenting and affection
- ☐ Have a loving, detached attitude toward challenging child behaviors
- ☐ Get in-home therapy
- ☐ Get attachment therapy
- ☐ Get counseling for child or family
- ☐ Get community-based therapy
- ☐ Attend adoptive parent support groups
- ☐ Obtain an understanding of how to promote resilience
- ☐ Obtain an understanding of effects on child of child's history of neglect and abuse
- ☐ Obtain an understanding of long-term effect of prenatal exposure to drugs and/or alcohol

Adoptive Parents' Willingness and Capacity to

- ☐ Willingness to be proactive with community reactions in support of the child's cultural heritage
- ☐ Go through treatment with child for child's sexual issues
- ☐ Deal with child's emotional, behavioral and psychological issues
- ☐ Help child deal with peer relationships

Adoptive Parents' Willingness and Capacity to Support Child's Birth Family Connections

- ☐ Acknowledge and recognize that the child has a birth family
- ☐ Respond to child's birth family issues with empathy and compassion for the child's point of view
- ☐ Help child maintain relationships with significant attachment figures
- ☐ Help child maintain relationships with other attachment figures
- ☐ Foster child's relationships with birth siblings
- ☐ Foster child's relationships with other non-related foster children if child so desires

School

- ☐ Locate/support special education assessment, services and classes for child
- ☐ Locate/support Gifted and Talented classes for the child
- ☐ Help child with homework
- ☐ Be or find someone to advocate at school for the child
- ☐ Locate speech therapy for child

Medical

- ☐ Maintain 24-hr/day monitoring
- ☐ Obtain a personal care attendant/nurse for child
- ☐ Facilitate frequent hospitalizations for child
- ☐ Assist with injections
- ☐ Assist with feeding tubes
- ☐ Maintain a special diet for child

Other

- ☐ Family is willing/able to sign/cope with blindness
- ☐ Wheelchair accessible home
- ☐ Accommodate child whose first language is not English
- ☐ Accept social worker's guidance and supervision
- ☐ Family has willingness/capacity to deal with child's physical/mental limitations
- ☐ Willingness to deal with difficult biological parent(s)

Caregiver 1 Name: Provider Number:

Placement

Caregiver 2 Name:

I/we have participated in completing this tool and agree that, as of the date below, the information about me/us is accurate and true.

Caregiver's Name	Caregiver's Signature	Date
Caregiver's Name	Caregiver's Signature	Date

I have participated in completing this tool and it is consistent with the knowledge known to the Human Services Department as of this date except as noted below.

Social Worker's Name	Social Worker's Signature	Date
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COMMENTS: